## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000045818

1. Entity Name

JEFFERSON CONSTRUCTION, INC.



Principal Place of Business

6250 COASTAL HWY CRAWFORDVILLE, FL 32327

JEFFERSON, JOHN

6250 COASTAL HWY CRAWFORDVILLE, FL 32327 Mailing Address

6250 COASTAL HWY

CRAWFORDVILLE, FL 32327

## FILED Mar 11, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102008 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 20-0856265

Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.					
	Signature typed or printed name of registered agent and title	il applicable (NOTE Registere	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees.			
10.	OFFICERS AND DIREC	CTORS	<u> </u>		
IIILE NAME STREET ADDRESS CITY-ST-ZIP	O JEFFERSON, JOHN 6250 COASTAL HWY CRAWFORDVILLE, FL 32327		U00000855584 03/27/08-80056-009 150.00		
TITLE Name Street address City-S1-71P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	· · ·				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

YPED OF MATE OF SIGNING OFFICER OR DIRECTOR

3-10-08

Daytim